

**Declaration For Patent Application and Power of Attorney**

As the below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CORRELATION ANALYSIS IN THE PHASE DOMAIN**, the specification of which

(check one) ☐ is attached hereto.

☒ was filed on June 22, 2000 as  
Application Serial No. PCT/GB00/02434  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>9914567.4</u> (Number)	<u>Great Britain</u> (Country)	<u>22 June 1999</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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As a named inventor, I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Glenn F. Ostrager, Reg. No. 29,963; Leighton K. Chong, Reg. No. 27,621; Dennis M. Flaherty, Reg. No. 31,159; Joshua S. Broitman, Reg. No. 38,006; Manette Dennis, Reg. No. 30,623; Donald A. Baricevac, Reg. No. 44,021, and Eric Lerner, Reg. No. 46,054.

Address all correspondence to Ostrager Chong & Flaherty LLP, 825 Third Avenue, 30th Floor, New York, New York 10022-7519. Telephone No.: (212) 826-6565.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: Ian D. Kimber

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: Great Britain

Post Office Address: same as above

Full name of second inventor: Robert Alcock

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: 30 Keensacre Court, Iver Heath, Iver, Bucks SLO ODL

Citizenship: Great Britain

Post Office Address: same as above

\_\_\_\_\_  
Full name of third inventor:

Inventor's signature

Date

Residence:

Citizenship:

Post Office Address: same as above